

# BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. VIII.] edited WEDNESDAY, MARCH 20, 1833. [NO. 6.

## NATURE AND TREATMENT OF HÆMORRHOIDAL TUMORS.

The following remarks on this subject, by Baron DUPUYTREN, are taken from the clinical lectures delivered at the Hôtel Dieu of Paris, by this eminent surgeon, during the session of 1831-2. We are indebted for them to the *London Medical and Surgical Journal*.

The lower extremity of the rectum is, in many persons, the seat of bleeding tumors, to which the name of hemorrhoids is given. These tumors may exist for life without occasioning any considerable annoyance, but they are often the cause of serious injury which endangers the life of the patient, and which infallibly terminates in death if they be not combated. The celebrated Copernicus and Arius sunk beneath hemorrhage, in consequence of rupture of the hemorrhoids. Bordeaux and Benjamin Bell mention cases of issue equally fatal. This fatal termination has been noticed by the ancients, and they have, says M. Dupuytren, proposed different treatments of this affection; and amongst others, that of ligatures. Hippocrates, in his work *De Ratione Victus in Acutis*, recommends binding the hemorrhoids with a thick, strong, worsted thread. You should tie, added he, all the tumors, with the exception of one; you should not cut them, but you should baston their fall by appropriate topical applications. Paul of Egina has given the same directions. Celsus thought that the tied tumors ought to be opened with the nail or the scalpel. I mention these different opinions, said the Professor, to prove to you that the ancients knew very well the danger of hemorrhoids. Before we examine the remedies employed against these tumors, it will not be irrelevant to describe their nature, to point out their anatomical structure, and the cases in which it would be proper to apply the treatment of which I propose speaking in this lecture. Relating to their nature, many opinions have been promulgated. Some, with Montegre, think that the sanguine discharge flows neither from the arteries nor veins, but from the capillary vessels. Laennec and Abernethy considered them to be the result of the formation of new vessels. According to Duncan, Le Dran, Cullen, M.M. Recamier and De La Roque, they are formed by the cysts in which the arterial blood is poured. Stahl, Alberti, Vesalius, Morgagni, J. L. Petit, Pinel, Boerhaave, regarded them as dilated veins, or real varices, and such also is our opinion. If we examine, says M. Dupuytren, the composition of hemorrhoidal excrescences, we find that they are divided into external and internal. Internal tumors, covered with a mucus of a violet color, form in the rectum a sort of partition; they present between them furrows which facilitate their being detached, and which often disappear by an inflammation. The tissue of this membrane exhibits tumefied veins, re-

sembling the heads of pins, which, when an incision is made in them, discharge venous blood, and have a spongy appearance. When the mucous is removed, there appear false organized membranes, of cellular tunic, the muscular membrane constituting the external tissue; voluminous arterial branches are often seen on them. External hemorrhoids, which form a sort of crown around the anus, are composed:—1. Externally of tumor, the greater part by the rectum, and a small portion of the skin. 2. By the false membranes which often exist on the internal tumors, or in the nervous tissue, which seems to extend itself to the *fascia superficiale*. 3. By the dilated veins which constitute the hemorrhoids. 4. By the external sphincter, which encircles the pedicle, and constantly sends fibres to them. 5. By the nervous filaments which extend on the surface; and lastly, by fat, which is sometimes placed between the skin and these tumors. These dispositions being known, let us see, continues the Professor, in what cases the disorder ought to be left to itself, or when it should be combated by surgical means. It is evident that it would be contrary to all rules to attempt removing hemorrhoidal affections in cases where the patient is weakened by organic disease of the intestines, of the liver, and especially of the lungs. It is a general observation, that in cases which exhibit pathognomonic symptoms of phthisis, the fatal effects of the disease have been checked for some time by the appearance of hemorrhoids, and that, in consequence of their untimely suppression, the disorder returned with energy. In the last months of pregnancy, or from the efforts of labor, women often have hemorrhoidal tumors; they result, in these cases, from an evident cause, and disappear with it. When these hemorrhoids are not disorganized in their tissue, when there is no hemorrhage nor copious discharge of purulent serosity which would reduce the patient to a state of profound and characteristic anemia, surgical means are not advisable in remedying these accidents, or rather the inconvenience which they occasion; antiphlogistics will suffice for their removal. But when the life of the patient is endangered remotely or immediately—when the annoyance is so considerable as to require prompt assistance, and the hemorrhoids are disorganized, antiphlogistics will not be sufficient; excision is the only remedy, says M. Dupuytren, which will succeed. Disorganized hemorrhoids, and those that require an operation, shall be considered in the following lecture.

These two kinds of haemorrhoids, internal and external, may or may not be met with simultaneously; they form a reunion of tubercles which encircle the anus, some externally and some internally; and this species has been named by M. Dupuytren external and internal hemorrhoids. External hemorrhoids are formed by a circle of round, smooth tubercles, of a brownish color on the outside, where they are covered by the skin, and of a bright red inside, where the mucous membrane forms their covering; rarely ulcerated on their external surface, but on the contrary, very frequently on their internal, and from thence arise hemorrhages more or less abundant, purulent, or sero-purulent discharges, which tend to debilitate the patient. Internal hemorrhoids, situated above the anus, and often strangulated by the sphincter, in consequence of their engorgement, or by the prolapsion of the internal membrane of

the rectum (a frequent complication in hemorrhoidal tumors), which give rise to the same accidents, and are known by the bright red color of the tubercles. These two species of haemorrhoids are sometimes present in the same patient.

The individuals attacked by this malady, walk with difficulty in the street ; stopped every moment by the intensity of the pain, they may be seen with their hands behind their back, or sitting down on the next resting place, in order to push in their hemorrhoids. Others, for the same purpose, rub themselves against walls ; but these means only procure them a momentary relief, and a return of pain quickly follows the next protrusion of the hemorrhoids ; more or less exhausted by the abundance and frequency of the hemorrhages or sero-purulent discharges, the patients become emaciated, their skin becomes pale, discolored, wan, like wax ; they have the aspect of persons exhausted by other hemorrhages or by abundant suppurations ; they very often fall into a state of sadness and deep melancholy ; their intellectual faculties become weakened, and they are often found to attempt their lives. Meanwhile the local disorganization progresses, a scirrhus affection of the anus and of the inferior part of the rectum show themselves, and death will be the termination of their progress, or the result of the abundant discharges, if they be not successfully opposed.

It is then in those cases, says M. Dupuytren, that we must have recourse to operative proceedings ; but to which treatment shall we give the preference ? To obtain the radical cure of haemorrhoids, we employ in turn compression, ligature, cauterization, resection, and excision. Let us discuss successively the use of these different means. We may waste the hemorrhoids by compression, but the situation is not favorable for this, and thus it is given up. The ligature, as we have seen, has been a very ancient practice ; its inconveniences are considerable, since it exposes the patient to inflammation, insupportable pain, and sometimes to death, as the celebrated J. L. Petit has reported an example. Cauterization has been frequently practised. It is of considerable utility when united to excision ; it causes extreme pain, and may expose to great danger if it be applied to voluminous and extensive tumors, which would require the prolonged action of the actual cautery. Resection has been practised by many practitioners ; it consists of shaving the hemorrhoidal tumors with a pair of scissors ; but it would seem that a practice that induces hemorrhage, which lets the tumor remain, and provokes inflammation, cannot justify the preference which has been given to it. There remains then excision, said the Professor, which we employ with the greatest success.

Let us now consider how it ought to be practised ; and we will speak afterwards of its inconveniences, its dangers, and the means of remedying them. First, the diagnosis being established, and the operation decided on, the patient should lie on the edge of the bed on his side, or on the knees and elbows, the two legs extended ; or it would be better to have one bent strongly on the thigh, and the other extended. If the tumor is internal, the patient is recommended to make violent efforts, as if going to stool. In this manner he will protrude it ; and it should be seized with a large kind of forceps, whilst an assistant raises or separates

the thighs, with a pair of long scissors, the model of which has been given by us, the tubercle will soon be excised. The manœuvre offers very little difficulty.

We have for a guide, adds M. Dupuytren, that we should only excise a portion of the protruding tumor; for if it were taken completely away, the patient would be exposed to severe hemorrhage, and to consecutive contraction of the anus. By this treatment there remains apparently a considerable mass at the verge of the anus, which might seem as if there had not been a sufficient quantity of the hemorrhoids removed; but when cicatrization takes place, the opening will return to its natural state.

This is also the case in excision of the tonsils. The excision of internal hemorrhoidal tumors is more difficult. To induce an external protrusion in order to be able to seize it, and remove it completely, the patient should be placed sitting on a warm hip bath, and desired to make expulsive efforts. As soon as it is protruded, he must lie down immediately on the bed, in the position before recommended, and the operator, quickly seizing it, should not give it time to reenter, but excise it immediately.

Before the operation, M. Dupuytren is accustomed to administer a gentle aperient, and an enema. We will see afterwards what are the motives of these precautions. The excision is not without difficulty and danger, but the difficulties are easily surmounted, and the dangers can happily be prevented by the precautions which are now used.

The entire danger is the hemorrhage that may follow; where the tumor is external the blood spouts out; the hemorrhage is immediately perceived, and is easily stopped by cauterization. It is to actual cautery that we must have recourse when the tumor is internal; but in these cases the application of the cautery is more difficult, and the hemorrhage may be easily mistaken. What reveals it to the eye of an attentive and enlightened surgeon, is a sensation of heat which the patient experiences in the abdomen, and seems to advance by degrees in proportion as the blood accumulates in the intestines; or he feels colic pains, and always a peculiar sort of pain, a sort of tenesmus. The abdomen is sore to the touch, especially towards the groin and left iliac fossa. Respiration is difficult; the pulse, at first intermittent and irregular, becomes small and frequent; the skin is discolored; the face is covered with cold perspiration. The restlessness which the patient at first complains of, is quickly succeeded by despair; there is an inclination to vomit, or vomiting actually occurs, with convulsive contractions of the extremities, vertigo, &c.

This accident once known, we must hasten to evacuate the blood contained in the intestines, by directing the patient to make efforts as if going to stool, and by administering a cold enema. These strainings always bring out the wound; and by means of a cautery heated to a white heat, which M. Dupuytren has expressly constructed, and which he calls *cautère en haricot*, or another which he calls *en roseau*, the place where the blood flows from should be cauterized. This treatment is always sufficient to stop the hemorrhage; and I have never seen, says the Professor, that any dangerous effects followed. Whenever I per-

form these operations, I take care to have an intelligent assistant with the patient, who, on the first symptoms of hemorrhage, whether internal or external, applies the cautery, and prevents any danger.

### UTERINE HEMORRHAGE.

*Uterine Hemorrhage avoided in predisposed Women.* Abridged from a Case communicated by Dr. KEY.

No events connected with medical practice occasion more anxiety to the practitioner, and alarm to the patient, than uterine hemorrhage ; and, perhaps, none are more frequently the result of improper and injudicious interference. Uterine hemorrhage is often not to be avoided, and, with the most judicious arrangement, frequently proves fatal ; and the danger becomes awfully increased when delivery is entrusted to persons not fully conversant with the means of treating the extraordinary as well as the ordinary phenomena of labor : for the claims on the attendant's skill are in many cases so imperative, that there is no time for deliberation or consultation, and he has no reliance but in his own resources.

It is not, however, to such cases of hemorrhage that I am now anxious to engage attention ; it is rather to those which supervene on delivery, and are often the consequence of an officious interference, or, as Dr. Blundell has significantly called it, 'a meddlesome midwifery.' Many cases of hemorrhage arising from such practice I have seen, some of which were difficult to restrain, and others fatal. I am aware that it is bordering on a truism to observe (and yet truths cannot be too frequently repeated) that every structural arrangement for effecting parturition is, in well-formed women, admirably adapted to effect the purposed end : the uterus, with some few exceptions, is competent to delivery with safety ; and in proof of this, among other illustrations, without referring to comparative physiology, reference need only be made to those unfortunate women, who, to avoid the shame of illegitimate pregnancy, conceal the birth of their children. They, unassisted and exposed to every casualty, rarely, as regards the act of parturition, do otherwise than well. No importunities, no desire of economizing time, should prevail on the accoucheur to interfere with the progress of natural labor : he might, perhaps, should flooding occur through his officiousness, presume on his competency to restrain it ; he would, however, have incurred an awful responsibility, and one that, as it implicates the safety of the patient, he is not justified in incurring. There is a prevailing, but a most mistaken opinion, that obstetric reputation is to be inferred from expedition : this may be probably influential with those who are the least prepared to meet the untoward circumstances that such imprudences may provoke. I have known even experienced practitioners, while engaged in these anxious and arduous duties, to have their minds so absorbed with the desire of obtaining a speedy delivery, as the most effectual security against impending danger, that they have involved themselves in the dilemma they wished to avoid ; for, delivery effected, they have had to contend with an unmanageable hemorrhage, which, by letting the uterus properly participate in the expulsion of its contents, might have been avoided.

The following case, in which hemorrhage had occurred in three successive labors, the progress of which was hastened, and did not in three subsequent deliveries, in which no officious interference was permitted, may be given as a practical illustration of the foregoing remarks.

Mrs. P., a lady of more mind than physical power, was, in consequence of her accustomed accoucheur retiring from ill health, committed to my care, with an anxious solicitude for her safety. In her three first accouchements, she had suffered, as reported, from hourglass contraction, accompanied each time with hemorrhage to an extent that endangered her life. I delivered her in three subsequent labors by the non-interference system (the propriety of which I have been endeavoring to enforce), with no other occurrence than what usually attends parturition.

I mention this case in illustration, as in it, by over anxiety or from some other cause, the previous labors had been hastened, and hemorrhage having each time occurred, as I was informed, in her previous accouchements, I was prepared to expect a similar occurrence; for a kind of predisposition might have been thus established.

This paper is addressed to young practitioners chiefly, and the older will excuse me for repeating what is familiar to them: it is but a recognition of the axiom that the most efficient agent in preventing and restraining uterine hemorrhage is uterine contraction. This, I am aware, is urgently impressed on the minds of students by our public teachers: but good precepts are of little avail, if we permit a breach in the observance; and we all know that the mere admission of a truth is very different from the lively impressions which reiterated cases make upon the mind, and the effects which their remembrance produces in general practice.

*London Med. and Surg. Journal.*

#### REMARKS ON A CASE OF UTERINE HEMORRHAGE.

*Additional Observations on a Case of Uterine Hemorrhage, reported by me in the Boston Medical and Surgical Journal, February 6, 1833, Page 411, Volume VII.*

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR.—You will confer a favor on me by giving these lines an insertion in your Journal. It seems that one of your readers, J. K. L., of Albany County, New York, does not understand my meaning in the case of uterine hemorrhage at the seventh month, as reported by me in your Number for February 6. He says, 'it is meet, therefore, that truth should be established and error exposed,' &c. For the same reason I take this opportunity to correct some of his inferences, for it seems that to inferences he has been obliged to fly. Mr. J. K. L. makes the inquiry, 'whether the danger arose from the nature of the case itself, or was caused by using improper or neglecting to use proper remedies.' My report, after stating the expulsion of the ovum, reads thus:—'I directed her to keep quiet, and gently rubbed the abdomen, which caused some pain.' (I might have said some contractions, had I supposed my meaning could be misunderstood by any of your readers.) 'Cloths wet in cold water were applied to the pubes; and others, wrung from hot

water, were at the same time applied to the feet and legs. I gave a dose of catechu, soon followed by the second; but seeing no good effect, I gave a full dose of *acetas plumbi*. My patient had now lost so much blood, that she fainted nearly all the time, from which state she was relieved by the exhibition of light cordials, and sprinkling the face frequently with cold water. I then introduced the tampon into the vagina, after wetting it with cold water, which completely stopped the hemorrhage in a few minutes.' From this history Mr. J. K. L. 'infers' that after I had rubbed the abdomen, to stimulate the uterus to contraction, I *left off* on the first occurrence of pain, and changed the practice for cold to the pubes and warmth to the feet and legs. Says he, 'What could have induced the Doctor to desist from his frictions over the abdomen, when he was on the point of success, and consume valuable time in preparing catechu and *acetas plumbi*—remedies having scarcely any efficacy in such cases—I cannot see.'

Now, lest I should be again misunderstood, I will explicitly state, that in cases of uterine hemorrhage like the former, I invariably commence by frictions over the abdomen, and continue them perseveringly; not, however, thinking it necessary to neglect other means at the same time. I see no objection to administering catechu, and particularly the sugar of lead, as it so happened I was not obliged to leave the bed-side of the patient to prepare these medicines, as J. K. L. so much fears. They were already prepared—and I can assure you the frictions over the abdomen were continued. Now I can surely see no valid objection to the introduction of the tampon, after wetting it with cold water. The reason of my ascribing any good effects to it was this—I saw evidence of the arrest of the hemorrhage, immediately after its introduction. Had it been supposed that the hemorrhage was going on internally, it could have been removed, that an opportunity might be given for the introduction of the hand, were it practicable under all the circumstances. In the present case the ovum was extremely small; certainly not larger than ordinarily at the fifth month, as I noted at the time of the case—though I neglected to mention it in my report. The introduction of the hand, under this state of things, would in all probability have been attended with difficulty. Now it is obvious to every one that the tampon prevents the use of no other means than the introduction of the hand into the uterus, which is not always practicable; and it yet remains to be proved, whether an attempt to introduce the hand would have been more judicious than the introduction of the tampon.

In submitting these remarks, I shall leave the reader to judge whether the tampon did any good by irritation, or by the introduction of the cold water with which it was imbued ;—or whether the other remedies were of any avail ;—or whether the uterus, at that time, contracted spontaneously. Yours, &c. JOHN ROSE, M.D.

**Rensselaerville, N. Y., March 8, 1833.**

such a stage I could but feel satisfied in doing what I could.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 30, 1833.

### AMORPHOUS ORGANIC MATTER.

A CURIOUS phenomenon, which has been noticed in all ages, but which has only been investigated in modern times, is that of red snow. A detailed account of this singular appearance, and of the manner in which it has been explained by naturalists, may be found in the American Almanac for 1833. It is sufficient for our present purpose to add that it has been observed in the polar regions by Captains Ross and Parry, and by the Monks of the Convent of St. Bernard. By the careful analyses of Sprengel, Decandolle, and Thésard, it was determined that the substance which gave this color was of vegetable origin, and it has been termed by Bauer *redo nivalis*.

The different authors who have treated of amorphous organic matter, have been divided in their views of the true origin of these substances. Some have thought that they were of new formation, and that they actually descended from the higher regions of the air; while others consider them as entirely of terrestrial origin. At any rate it is difficult to avoid the conclusion that inorganic matter, under certain circumstances, must be capable of changing its nature, and of raising itself in the scale, to a relation with the higher orders of beings. Some further facts will serve to illustrate, if not to explain, this difficult subject.

If distilled water be exposed to the contact of pure air in a vase of glass, or unoxidized metal, infusory animalcules are never formed in this water. But if the same water be exposed to common air, amorphous organic matter is soon developed; and, in a short time after, infusory animalcules.

The author of an essay on the origin of organized bodies, published at Paris in 1817, assures us that he has often succeeded in obtaining infusoria by leaving immersed for a certain time in pure water, not only stones, but even metals; and M. Cruveilier, who several times assisted at these experiments, assured himself of the reality of these results, and bears testimony to the phenomena, of which this author has given an account in his work.

Gruithuisen, celebrated in the history of modern surgery, by the invention of the first instruments for breaking the stone in the bladder, has likewise made very important physiological researches relative to primitive organic matter, and assured himself, by experiments frequently repeated, that it was easy to obtain infusoria by the prolonged immersion

of certain stones in water. He filled a glass vase with pure water, and placed in this water pieces of several stones, of limestone, granite, &c. In order to be certain that no organic particle escaped from his fingers by the contact of these substances, he detached them with a perfectly clean instrument, from the middle of the mass in which they were included; and having plunged them in the vase, he sealed exactly the mouth of the vessel, so as to leave between the surface of the water and the mouth a space filled with pure air only.

Some months afterward the infusorial fermentation commenced; and there was first formed an amorphous organic matter, which the author calls mucus, and soon after infusoria were developed. It was impossible to decide whether the amorphous matter owed its organization to a partial decomposition of these stones, or to that of the air contained in the interior of the vase.

Another form of organic matter, is that which appears to result immediately from the putrefaction of vegetable and animal bodies; that is, which exists already formed in these bodies, and separates from them under certain influences to acquire an independent existence. Infusoria develop themselves in water, into which has been plunged a mass of inert matter, derived from a vegetable or an animal. This fact is indubitable, and every one is familiar with the experiment: but even in this case, it would seem that the infusoria are not immediately formed, but amorphous organic matter, which afterward raises itself to the infusorial state. From the curious experiments of Guillon and Edwards, it appears,

1. That the particles of green matter enclosed in the cells, which form the parenchyma of a leaf, are capable, when escaped from these cells, being decomposed, of acquiring independent life, either as animalcules, when they remain insulated, or of plants by conglomerating together.
2. That the cell itself which encloses the grains of green matter, may, when detached without decomposing, likewise pass into these two states.

The conversion of organic remains into an amorphous organic mass, and from this into plants and animals, always takes place in the same manner. Whenever the remains of an animal or vegetable are immersed in water, we observe the following phenomena. 1. The water becomes turbid, and remains so several hours, days or weeks, between its surface and the matter immersed, which continues at the bottom of the vase. 2. The water again becomes clear. 3. We observe a sediment at the bottom of the vase. 4. We see floating on the surface of the fluid an amorphous organic matter, which is soon converted into globules, then into vesicles, then into primitive plants and animals; there being produced not only infusoria, but sometimes real worms, presenting all the characters of advanced organization.

Gruithuisen has given the name of infusorial fermentation to that mode of production by which various organic substances are converted into an

amorphous mass, and this into infusory animalcules. The amorphous organic matter being, as we have said, the result of the decomposition of putrefying animal and vegetable substances, there results evidently a double consequence. 1. That it will be found in great quantity, in situations where a great animal and vegetable putrefaction is going on. 2. That vegetation and animalization will be the more abundant, in proportion as more of these substances are decomposed. Thus on the one hand the organic matter will be found in large quantity in places where much wood exists, and where consequently the vegetable remains are most abundant; likewise, in fields of battle, cemeteries, &c., and in all places where there is a large quantity of animal substances in a state of putrefaction. On the other hand, vegetation will be by the same reason more active in places where there is more wood, thickets will grow there in greater abundance, and trees will develop themselves without any culture; whereas in cleared lands, it will be necessary, in order to fertilize the soil, to enrich it with manure—that is, to supply that which nature no longer furnishes. These views are confirmed by constant experience. In the same manner, vegetation and the growth of the lower orders of animals exhibit for a time a remarkable vigor in cemeteries and fields of battle; thus, fields formerly cited for their fruitfulness, have, after the particles of amorphous organic matter were exhausted, become no less noted for their sterility; while, on the other hand, the plains of Waterloo have presented, for a few years past, the most fertile soil in Belgium.\*

#### MORTALITY OF CHOLERA.

ATTEMPTS have been made to show, by reasoning and not by facts, that the actual amount of death among men has not been increased by the cholera; that in proportion as the human race has been thinned out by this malady, the number of deaths by other diseases has been less. This ground is wholly untenable. Our recent account of the mortality of New York the past year, shows that the deaths from cholera, amounting to about 3515, were over and above what would have occurred under ordinary circumstances. The same appears to have been the case in London, where—

In 1829 there were	23,524	deaths, and	27,028	christenings.
1830	"	21,645	"	26,743
1831	"	25,337	"	28,263
1832	"	28,606	"	26,974

It appears, therefore, that the excess of deaths in the last year was 3269, whilst the deaths by cholera in that year were 3200—plainly showing that the mortality by this disease is a clear excess over the ordinary mortality of the city.

The following table, exhibiting the comparative mortality of twenty of the most destructive disorders in London and in Boston, during the last four years, will not be uninteresting.

Diseases.	London, with a population of 1,300,000.				Boston, 61,381.			
	1829.	1830.	1831.	1832.	1829.	1830.	1831.	1832.
1. Consumption ..	5251	4704	4807	4499	203	193	203	246
2. Cholera .....			48	3200				78
3. Convulsions ..	2761	2362	2980	2075	28	27	29	35
4. Inflammation ..	2385	2196	2812	2555	11	1	3	3
5. Age & Debility	2076	2242	2677	2948	75	55	87	77
6. Asthma .....	1131	1158	1061	1050		1	2	
7. Dropsey .....	1021	919	986	978	12	15	28	38
8. Fever .....	1167	782	965	872	136	104	200	304*
9. Hydrocephalus	855	723	853	858	64	48	51	44
10. Smallpox .....	736	627	563	771		5	4	1
11. Hooping cough	633	552	1738	677	11	16	26	22
12. Measles .....	578	479	750	675	72	13	2	70
13. Inflammation of the bowels .....				138	604	21	14	31
14. Apoplexy .....	429	404	485	470	12	12	11	15
15. Mortification ..	286	274	307	262	9	4	9	9
16. Childbirth .....	264	281	310	343	17	16	14	14
17. Palsey .....	203	197	246	240	11	14	11	19
18. Inflammation of the Liver .....	197	195	296	336	14	17	11	9
19. Hydrothorax ..	106	102	122	118	4	4	4	6
20. Typhous Fever	103	90	223	253	00†			

### LITHOTRITY.

We learn from the Philadelphia Journal, that the operation of lithotrity has been successfully performed on two females in that city, by our friend Dr. J. Randolph, according to the method of Civiale. Dr. R. has a third patient now under treatment, on whom he has operated twice, and has ground for hope of a successful termination. This patient is a male, on whom the operation presents greater difficulties, and the calculi are exceedingly hard ones. We are happy to find that this experiment has been undertaken, and is likely to increase the professional reputation of a gentleman, to whose character and ability we can bear personal testimony.

### WOUNDS OF THE FACE AND EYES.

By M. BAUDRIN, Surgeon-Major, and Professor in the Algerine Hospital.

#### WOUNDS OF THE FACE.

There are few lesions which at first sight appear to be so serious as those of the face, especially when inflicted by wounds from fire arms; yet they are seldom dangerous. In almost every instance, cases which

\* 149 of these were of scarlet fever.

† Typhous fever included under Fever.

have looked very alarming have got well without difficulty—the surgeon principally taking care to prevent the spread of inflammation to the interior of the head. But care must be also taken of the lips of the wound, when union by the first intention is aimed at; for if they be not refreshed and connected by a few sutures, the cicatrix will be surrowed and jagged in place of being linear and invisible. After fire arms, this caution is particularly requisite; for gangrene cannot be united to gangrene. I shall select a few remarkable cases.

#### WOUNDS OF THE EYES.

*Lesion of the Orbital Arch—Emphysema of the Eye-lid—Cure, but with loss of sight and memory.*—M. D., a captain of the 30th regiment, in the sortie from Medeah was struck by a ball at the inner third of the orbital arch, on the right side. The projectile shattered the external plate of the frontal sinus, and remained so fixed in the internal as to compress the anterior lobe of the brain. I removed it with some difficulty, dressed the wound, and had the patient, in a state of coma, carried to Algiers. I did not see him till three days after. There was then fever present, which I combated with antiphlogistics. I found also that there was a fistulous communication formed between the frontal sinus and the anterior ethmoidal cells, attended with emphysema of the eye-lid. That the air passed through this communication, was evident when the patient sneezed or blew his nose. I recommended him to avoid as much as possible doing either; and with the help of nitrate of silver and a compress, got rid of the fistula, as well as the emphysema of the lid. But the eye, itself, though apparently not at all altered in its structure, was totally deprived of the power of vision, which I attributed to injury of the frontal nerve of the fifth pair, the communications of this branch with the nasal twig of the same nerve, and the connections of the latter to the ciliary nerves of the ophthalmic ganglion. The memory was so much impaired that the patient lost all recollection of his acts. Things which interested him then, in twenty-four hours were completely obliterated from his mind. All that happened to him previous to the accident he remembered perfectly. His power of expression, so far as relates to calling things by their right names, was also much impaired. What support does this afford to the opinions of Gall and his disciples?

*Lesion of the Crystalline—Extraction—Cure.*—Mustapha, a Turkish cannonier, aged 60, a robust and vigorous man, was struck, at the explosion of the Emperor's fort, by a small round stone about the bigness of a large pin's head, which came from below upwards, and after tearing through the transparent cornea of the right eye lodged in the crystalline. It was on the third day after his accident that I saw him. He was then suffering under intense ophthalmia; the globe of the eye was voluminous; exophthalmia was commencing; and there was a purulent discharge proceeding from the lens, in the centre of which the stone was easily perceived. The wound in the cornea was cicatrized. I performed the operation for cataract by extraction, and scarcely was the cornea divided when the crystalline, compressed by the humor of the eye, was forcibly expelled, together with the stone and the aqueous humor. I bled the patient several times, bandaged up the organ with closed lids so as completely to exclude the light, and in about six weeks found that the organ had recovered its power—not perfectly, however, owing to the Turk's impracticableness. I have preserved the stone carefully.

*Singular lodgement of a Ball in the Orbit without any very visible external injury.*—At the descent of Mount Acoza, Z., a private of the 28th regiment, feeling himself struck about the external angle of the right eye, hastened to the ambulance. The eye-lids were by no means ecchymosed. The conjunctiva towards the external angle of the globe was red, a little injected, but not torn ; the inferior eye-lid slightly swollen. Not having time to examine the parts more attentively, and taking the patient's word for it, that he must have merely been hit with a small stone or branch of a tree, I dressed the eye simply, and put compresses on it steeped in cold water. I found the man afterwards in the hospital at Algiers. M. Molinard had discovered behind the lower eye-lid a roundish body, receding on the slightest pressure. It was doubtless a ball, which should be removed immediately, in order to check the progress of acute ophthalmia setting in momentarily. He made a transverse incision through the lid ; but the impossibility of fixing the foreign body rendered all attempts vain at extracting it in this way. On the following day, he bethought himself of making the patient roll back the eye-ball, while he drew forward the lid, so that he was enabled to get a spatula behind the foreign body, and to remove it by leverage. Nothing more was to be done but to combat the ophthalmia, which was soon got under.

**A STRIKING ILLUSTRATION OF THE RESOURCES OF NATURE.**

*Cincinnati, 1st month, 25th, 1833.*

DEAR SIR,—According to request I take the liberty of transmitting to thee an account of the slaying of a hog by the absorbents.

One of my neighbors, in the fall and winter of 1831, was fattening a lot of hogs, when it happened, either from disease or indolence, that one of them took a bed to himself during the coldest weather. The consequence was, that the skin and a stratum of fat beneath were frozen ; and, in a certain length of time, disengaged from the animal, from the tail to near the ears, and from both sides, hams, and shoulders, leaving only a narrow strip along the belly and over the head and legs. This monstrous slough, if I may be allowed the expression, was detached with such rapidity as not to have time to undergo any process of putrefaction, and was as sound as if it had been taken off by the most skilful butcher. The farmer, perhaps through curiosity, took it to the tanner, where it was pronounced to be a sound and good hide : and the last I heard of it was, that it was nearly ready for the saddler to work into horse collars, saddle seats, &c.

The hog, as we would naturally suppose, if not complaining before the absorbents commenced their operations, would by this time find himself in a pitiful predicament. He, however, survived the operation ; healthy inflammation came on ; granulations shot up on all parts, and the last time I saw him (for I saw him divers times), both of his sides were completely healed and nicely haired over, and there only remained a narrow strip from the hips to the shoulders, which was beautifully bespangled with healthy granulations. I make no doubt but that the hog before this time has had a complete skin.

That this may be relied on as a matter of fact, I may state that it took place in Clinton county, Chester township, where the most positive proof can be had on the subject.

With due respect, &c., I subscribe myself thy friend. JESSE BURGESS.

Dr. J. M. Slaughter. [Western Medical Gazette.]

**Jaundice.**—In the Medico-Chirurgical Review (for January, 1829, p. 70), we have the following observations—‘A curious pathological fact has lately been pretty fairly established, namely, that irritation or inflammation in the mucous membrane of the duodenum will sometimes produce jaundice, where no obstruction can be detected in the biliary duct.’ That jaundice often arises from this cause, appears to me unquestionable. Cases of this kind are apt to be mistaken for obstruction of the common bile ducts by impacted biliary concretions. The paroxysms of pain in the epigastrium are always extremely severe. It may be observed, however, that these paroxysms of suffering always occur an hour or two after taking food into the stomach, and that the system generally is very irritable. The tongue is almost invariably of a bright red and raw appearance along the edges, and at the point. During the present year I have met with a remarkable instance of this kind. A great variety of remedial means had been used:—emetics—purgatives—mercury—opium—alkalies, &c. had all been given under an idea that the disease depended on obstruction from biliary concretions. The patient grew worse from day to day, until the disease was regarded as incurable, and tending to a speedy fatal termination. In this state I first saw the patient. The evidences of duodenal inflammation appeared to me unequivocal. The patient had previously been allowed to take small portions of solid food, and liquid diet of an irritating character. He was now put upon the exclusive use of very liquid preparations of arrow root, and occasionally some weak barley water. A blister was applied over the epigastrium, and five grains of Dover’s powder ordered that evening. From the time that this treatment was commenced, the patient began to recover; and without any other medicine whatever, he regained a perfect state of health in the course of about two months. In ten days from the beginning of this practice, the jaundiced hue of the surface was in a great measure removed. In cases of this kind, not a grain of any kind of solid food should be allowed. The use of the blandest liquid alimentary substance, to the exclusion of every other kind of food, is indispensable to the successful management of such cases. Blistering, cupping, or leeching over the epigastrium, should be used, and a small dose of opium or of Dover’s powder given in the evening, to allay the general irritability and procure the patient some rest. The above-named patient almost daily suffered paroxysms of intense pain in the epigastrium, up to the time when the treatment was changed. From that period on, however, these paroxysms did not return.

Dr. J. EBERLE, *West. Med. Gazette.*

**Extirpation of Parotid Gland.**—Doubts have been expressed, and several eminent surgeons have positively denied the possibility of extirpating the parotid gland, without fatal injury to the patient. The following instances of the entire extirpation of this gland, are on record:

In the ‘Archives Generales,’ for Jan., 1824, M. Beclard has reported a case in which the gland was extirpated by an operation. Sir Astley Cooper, in a letter to Mr. Kirby of Dublin, avers that he has twice removed the parotid gland in one year. Dr. Kirby, himself, has recently reported a case in which he removed this gland by an operation (vide Kirby on hemorrhoidal excrescences). In Germany the parotid gland was successfully extirpated in five instances, from 1822 to 1827. Dr. Prieberger of Kreuznacht has published a case, in which he performed this operation on a woman, in Vol. II. of Graeffe and Walther’s Journal. In Rust’s Magazine for 1825 he has published a second instance in which he

removed this gland. Professor Weinhold, of Halle, has extracted the parotid gland partially and completely three times : and Professor Walther, of Bonn, has reported a case of scirrrous parotid which he removed entirely by an operation. More recently, M. Lisfranc has given an account of a case in which the whole of the parotid was extirpated in the Hospital La Pitié of Paris (Revue Médicale, Decem. 1826). Dr. M'Clellan, of Philadelphia, has twice performed this operation. One of these operations I witnessed myself.—*Ibid.*

*Retention of Urine.*—In retention of urine, from acute gonorrhœa (the result of spasmodic stricture in consequence of a highly irritable or an inflamed condition of the upper part of the urethra or neck of the bladder), calomel and opium in large and frequent doses appear to me the most prompt and certain means of relief we possess. A case of this kind occurred to me about eighteen months ago. Bloodletting—leeching—the warm bath—purgatives—abstinence, &c. had all been used without success. The urine was occasionally drawn off with the catheter, but the introduction of the instrument always excited the most intense sufferings. The patient was in a state of continued torture. Finally, two grains of opium with four grains of calomel were ordered every two hours. After the second dose was taken, the pain in *perineo* was in a good degree allayed ; and on attempting soon afterwards to void urine, no material difficulty was experienced. By the subsequent use of small doses of opium and calomel every four hours, the disease was completely removed. For some interesting observations on the use of calomel and opium, in spasmodic retention of urine, in gonorrhœa, see a paper by Mr. Langstaff, in the 7th vol. Edinburgh Medical and Surgical Journal, page 34.—*Ibid.*

*Chronic Inflammation of the Fauces.*—Cases of chronic inflammation of the mucous membrane of the fauces, attended with a very disagreeable feeling of dryness, and prickling soreness on swallowing, are by no means uncommon. Cases of this kind are generally very obstinate, and often continue with occasional intermissions of a few weeks, for several years. This affection is almost always attended with slow and imperfect digestion, and appears, frequently, to depend wholly upon gastric irritation. I have found no remedy so uniformly beneficial in this complaint, as very finely-powdered charcoal. A teaspoonful, taken three times daily, in conjunction with simplicity and moderation in diet, has in my practice repeatedly removed the disease entirely.—*Ibid.*

*Ossification of certain Muscles.*—Dr. HASSE gives a curious account in the second number of the *Medizinische Zeitung*, of ossifications, occurring in the substance of the pectoralis major, and tendon of the deltoid muscle of the left side, in the Prussian infantry recruits, amongst whom it is very common, and generally goes by the name of the 'Exercise Bone.' Of 600 recruits, one half of whom had been one year, and the other half six months in the service, Hasse found 18 with the disease more or less developed. He does not find the weak and cachectic more disposed to it than those of opposite conditions.

A few days after the commencement of the system of exercise, those predisposed to this disease perceive a small, red, painful swelling on the part of the left shoulder against which the musket leans. If this is neglected, a number of hard, moveable, gland-like tumors are formed in the muscle ; these soon change into large masses of a solid cartilaginous consistence ; and, lastly, in a period of from four to seven weeks after

the first feeling of uneasiness, the whole tumor is changed into a solid mass of bone, which, according to its extent, impedes more or less the motion of the arm, and often renders the excision of the bony tumor absolutely necessary.

The pieces of bone extracted have been from three to five inches long, and from one to two broad, weighing from 3 lbs. to 3*i.* Their surface is irregular, presenting small processes of bony matter. Occasionally the process was not finished; and the various changes of the red muscular fibre, in one part, into a tendinous shining mass, and in others into cartilage, which presented points or masses of bone of a regular cellular structure in different parts of its substance, could be observed.—*London Medical Gazette.*

*Smallpox in a Fetus at Birth.*—M. DENEUX communicated the following curious case to the Royal Academy of Medicine, at their sitting on the 10th of July last. A female, who had been previously twice pregnant, and had aborted both times, the first in the third, and the second in the sixth month, became again pregnant in October last. She was delivered at her full term in June following, of an infant who was covered with confluent variolous pustules. The feet, hands, legs and thighs were all covered. The mother had been vaccinated; she had never had the smallpox; she had passed the whole period of her third pregnancy on a sofa, had had no communication with strangers, and smallpox had not appeared in the neighborhood. The variola in the child was perfectly characterized, and was in the eleventh or twelfth day of the eruption.

*Gaz. Med. Thom. III, No. 58.*

*Medical Commencement, Columbia College, Washington, D. C.*—On Wednesday, the 6th of March, 1833, the Annual Commencement of this Institution was held; and after appropriate addresses by the President of the College, and Dean of the Faculty, the degree of M.D. was conferred upon ten gentlemen.

The names of the graduates and the subjects of their respective theses are as follows:

- William Maffit, of Virginia, *Asiatic Cholera.*
- William Monton, District of Columbia, *Scarlatina Anginosa.*
- Leonard Neal, Maryland, *Congestive Bilious Fever.*
- Charles G. Parsons, New Hampshire, *The Laws of Contagion.*
- Benjamin F. Rose, District of Columbia, *State of the Blood in Cholera.*
- M. B. Robinson, District of Columbia, *Bloodletting.*
- A. H. Saunders, Virginia, *Hydrocephalus Internus.*
- Charles White, Massachusetts, *Remittent Fever.*

Honorary degrees of M.D. were conferred on Drs. Wm. Beaumont, of the United States Army, and N. H. Gaithu, of Kentucky.

We regret that the interesting paper of Dr. W. came too late for publication this week. It shall be inserted in our next.

Whole number of deaths in Boston for the week ending March 15, 39. Males, 11—Females, 18. Of consumption, 6—infantile, 3—intemperance, 4—disease of the heart, 1—apoplexy, 1—convulsions, 1—disease of the brain, 1—lung fever, 1—canker rash, 1—palsy, 1—dysentery, 1—dropsy on the brain, 1—throat distemper, 1—unknown, 2—pleurisy fever, 1—inflammation of the bowels, 1—stillborn, 4.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.  
IS PRINTED AND PUBLISHED EVERY WEDNESDAY, BY CLAPP AND HELL,  
At 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed,  
Post-paid. It is also published in Monthly Parts, on the 1st of each month, each Part containing the  
numbers of the preceding month, stitched in a cover.—Price \$3.00 per annum in advance, \$3.50 if not  
paid within six months, and \$4.00 if not paid within the year.—Postage the same as for a newspaper.